COVID-19
Helping you in your role
Protecting your workplace
Skills Bundle
For your attention

Whilst this bundle of skills is relevant to the care of patients with confirmed or suspected COVID-19, you must adhere to the up to date infection prevention and control measures including the use of personal protective equipment (PPE).

This can be found at:

https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/
What is this programme?

This is a ‘Once for Scotland’ approach to supporting you cope with COVID-19 in your current or newly assigned role.

The programme can be used to support other resources from NES and Boards.

Remote tele-education

We are using this online learning package in combination with live 30 minute remote tele-education units which have been specifically developed and can be used for rapidly training staff who have been re-deployed.

Use by NHS Boards

This could also be used by Boards as part of a blended approach with face to face learning. The programme could be used to support in house simulated training which could last 30-60 minutes for each unit.
Who is it for?

The following resource has been designed to support:

• any healthcare practitioner working in the NHS or Social Care in Scotland
• practitioners returning to the workplace as part of their induction
• healthcare students who have been recruited

The content of the units will be of relevance to any health or social care practitioner involved in the care of patients with COVID-19 across social, primary and secondary care settings. Some of the skills bundles may also be useful for carers at home.
What will the programme achieve?

Learning outcomes

- To build capacity in the NHS and social care workforce in self-protection against COVID-19
- To build capacity of practitioners in assessing and managing COVID-19 in different healthcare settings
- To build resilience in the NHS and social care workforce through opportunities for simulated practice using tele-education
How is the programme structured?

Three units of skills bundles have been developed to enhance reliability of practice across all settings:

A. Protecting yourself in the workplace skills bundle

B. Assessment and management skills bundle

C. Protecting your workplace skills bundle (this unit)

There are two additional units:

D. Procedural skills using simulation

E. Rehearsing skills using simulation

Users will be able to choose from the menu to meet the needs of their service.

This is a dynamic programme which will be developed as the pandemic and advice changes.
Wherever you are working and in whatever role this programme will provide the practical skills you may require to look after those with COVID-19. This hierarchy of education and training needs demonstrates where the units support skills development.
How are the units linked?

The units are based on the following scenario:

*A man aged 36 is brought into a healthcare facility by his family with a high fever, sweating, a dry cough which has just started and difficulty in breathing. He is suspected of having COVID-19.*
How do I know this training is up to date?

The units have been developed in line with the best evidence based practice from:

<table>
<thead>
<tr>
<th>Organization</th>
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<td>Health Protection Scotland (HPS)</td>
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<tr>
<td>Public Health England</td>
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<td>World Health Organisation (WHO)</td>
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<td>NHS Inform</td>
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Unit C: Protecting your workplace skills bundle

Protecting your workplace with Person-Centred Care

The Health Foundation has developed a framework that comprises four principles of person-centred care:

- Affording people dignity, compassion and respect
- Offering coordinated care
- Offering personalised care
- Encouraging and supporting participation in decision making by patients, consumers, carers and families

A person-centred care approach will support your workplace in the development of the knowledge, skills and confidence you need in your health or social care team to more effectively manage and make informed decisions about your team’s health. This bundle gives you practical skills about your workplace to enable you to do this.
Learning Outcomes:
Following completion of this Protecting your Workplace bundle you will be able to:

- Utilise the referral pathway and routes of presentation of COVID-19
- Recognise the need for a workplace induction programme to enhance safe practices
- Demonstrate how to safely decontaminate and manage clinical waste
- Demonstrate safe manual handling
- Communicate with colleagues using appropriate tools
- Provide guidance for relatives
Unit C: Protecting your workplace skills bundle

Who is this skills bundle for?

For all health and social care practitioners working in care homes and primary and secondary care settings
To ensure patients receive the appropriate level and standard of care and to ensure you as a health and social care practitioner are protected and supported during the pandemic in the workplace, we have developed a bundle of skills you can use to protect your workplace and keep it safe for you, your colleagues, patients and their families.

There are 8 specific skills we have identified in this bundle for you which involve thinking skills, practical skills and communication skills.
# Unit C: Protecting your workplace skills bundle

## The Workplace Protection skills bundle

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<th>Thinking skills</th>
<th>Practical skills</th>
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<td>1. Check Routes of Patient Presentation so you understand the patient journey</td>
<td>1. How to decontaminate your workplace</td>
<td>1. How to safely handover care</td>
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<td>3. Participating in a COVID-19 induction programme if required</td>
<td>3. Moving and handling of patients</td>
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<td>4. Identifying how to design work practices better</td>
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</table>
Most COVID-19 sufferers will self manage at home and should be advised to follow these guidelines. As part of next phase of management of the pandemic there will be a focus on Test and Protect where you can complete a self assessment prior to accessing a test.

In the rest of UK Test and Trace system is in operation.

Approx 14% of COVID-19 sufferers develop severe disease requiring hospital admission and oxygen therapy:
- Hypertension
- Diabetes
- Coronary heart disease
- Pre-existing chest conditions
- Elderly > 70
- Pregnancy
- Immunosuppressed

Approx 5% of COVID-19 sufferers require ITU admission:
- Acute respiratory disease syndrome
- Sepsis and septic shock
- Multiorgan failure including kidney and cardiac injury
Thinking skill: Recognise referral pathway for COVID-19 from community to hospital in Scotland

In any patient journey it is essential for you to think where your workplace setting fits into the overall system of care being provided so, you can protect your workplace and ensure it provides the appropriate level of care.

Principles of management of the referral pathway:

• Patients should be managed in the community where clinically possible
• A systems approach should be taken to the front line community response involving health, social care, police, ambulance and key services
• Priority of primary care will be on COVID-19
• No routine testing for COVID-19 in the community
• Use of tele-medicine a priority to minimise transmission
• Potential cases seen in separate hub or assessment centre
• Clear referral path in place
Unit C: Protecting your workplace skills bundle

Thinking skill: Recognise referral pathway for managing COVID-19 from community to hospital in Scotland
Unit C: Protecting your workplace skills bundle

Thinking skill: Recognise referral pathway for COVID-19 from community to hospital in Scotland

Role of NHS 24:

- Use of **NHS Inform**
- Single point of entry through 111
- Two decisions:
  - Advice for home treatment
  - Action required using Adastra system for 1-4 hours target
Thinking Skill: Recognise referral pathway for COVID-19 from community to hospital in Scotland

Role of local COVID-19 hub:

• Staffed 24/7
• Accept calls triaged by NHS 24
• Tele-medicine medium
• Access to primary care records
• Communication system PHC/GP/SAS/COVID-19 Assessment
• Offer specialist advice to all GPs
  • Paediatrics
  • Pregnancy
Thinking Skill: Recognise referral pathway for COVID-19 from community to hospital in Scotland

Role of COVID-19 assessment centre:

- Face to face assessment
- NEWS2 score
- Appointment only
- Equipment required:
  - PPE
  - Temp/sats probe/BP
  - Testing kits
  - Consider Oxygen
  - IT Infrastructure
- Admission/discharge rights
Unit C: Protecting your workplace skills bundle

**Thinking Skill:** Recognise Face to Face flow in a COVID-19 assessment centre

**Flow**

1. **Patient arrives (by appointment)**
2. **Surgical mask put on patient by nurse in full PPE**
3. **Obs taken Swabs taken**
4. **Senior decision maker review**
5. **Waiting Room**
   - Waiting room must have capacity to keep 2-4 patients >2 metres apart
6. **Triage Room**
   - This needs cleaned between each patient
7. **Consider Admission if**
   - Sats <94% (if COPD, Sats < patients known baseline or <88%)
   - RR ≥22, increased work of breathing, NEWS >2
   - Other clinical concerns
8. **Home**

**Face to face assessment flow chart in COVID-19 assessment centre**

Where possible additional community care services that may avoid admission should be utilised. E.g., community respiratory nursing and elderly care hospital at home.
### Discharge Option 1

Discharge patient if they have:
- Ability to isolate (self-isolate or family isolation)
- No risk factors or co-morbidities
- Show Clinical improvement
- Have a NEWS2 <2

Discharge patient with advice re: if symptoms worsen and provide contact information for outstanding results.

### Discharge Option 2

Discharge patient with risk factor if they have:
- Ability to isolate (self-isolate or family isolation)
- Show Clinical improvement
- Have a NEWS2 <2
- In patients with COPD discharge if
  - \( O_2 \) sats >92% on Room air unless known baseline 88-92%
  - Stable on discharge medication
  - have specialist respiratory advice

Discharge patient with advice re: if symptoms worsen and provide contact information for outstanding results.

### Risk Factors

- Hypertension
- Diabetes
- Coronary heart disease
- Pre-existing chest conditions
- Elderly > 70
- Pregnancy
- Immunosuppressed

### Further Information:

- [Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30569-X)
- COVID-19 in pregnant women
Thinking Skill: Participating in a COVID-19 Induction Programmes

One of the challenges many health care practitioners are finding during the current pandemic is the need to be adaptable and flexible to meet the needs of patients in terms of your role and your workplace.

The safest way of preparing for staff being seconded to a new workplace is to have an induction programme for staff.

An induction programme should cover the following which is an example from the Louisa Jordan:

• Patient pathways and flow
• Incident reporting system
• Diagnostics and laboratory systems
• Digital and clinical systems
• Resilience and team work
• Site specific health and safety (includes fire, waste disposal, hazard reporting, RIDDOR and facilities management)
• Practical and professional sessions i.e manual handling donning and doffing
Thinking skill: Identifying how to design work practices better

This diagram sets out four steps to improve the design of work procedures which can enhance the delivery of safe and efficient person centred care in your workplace. This step wise approach provides a framework to review all your work procedures.

1. Create
2. Test
3. Use
4. Review

The 10 key steps to designing work better processes can be found at:

Essential steps to design work better
Practical Skill: How to decontaminate your workplace

Human coronaviruses can survive on inanimate objects and can remain viable for up to 5 days at temperatures of 22-25°C and relative humidity of 40-50% (which is typical of air-conditioned indoor environments). Survival on environmental surfaces is also dependent on the surface type.

Extensive environmental contamination may occur following an Aerosol Generating Procedure (AGP).

Guidance for infection prevention and control in healthcare settings
Assessing the Physical Environment

Viral RNA was found on multiple room surfaces including the bed rail, locker, chair, light switches, sink, taps, floor, window ledge, PPE storage area, hand sanitiser dispensers, air outlet fan, elevator buttons, as well as the toilet bowl surface and door handle, and medical equipment (ventilators, monitors, blood pressure cuffs).

Survival of human coronaviruses and surrogates in water is influenced by temperature (viral inactivation increases with increasing temperatures) and organic or microbial pollution.

Covid-19 has also reported viability on plastic for up to 72 hours, for 48 hours on stainless steel and up to 8 hours on copper.
Guidelines based on best evidence for decontamination of the physical environment

- A combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.)) should be used for transmission based environmental cleaning. Small surfaces, and those which cannot be cleaned by chlorine-based agents, can be disinfected with 70% ethanol.

- Frequency of environmental decontamination in COVID-19 areas in all health and cares settings should be increased to at least twice daily, focusing on frequently touched areas.

- Where terminal cleaning cannot be carried out due to constant occupancy, a modified enhanced clean should be carried out where possible.

- The use of UVGI should be considered where possible as part of both routine and terminal cleaning.

- In health and care settings that are COVID-19-free, frequency of routine environmental cleaning (with detergent) should be increased.
Unit C: Protecting your workplace skills bundle

Practical Skill: How to decontaminate your environment

Home environment:

• Wash bedding and towels of COVID-19 sufferer separately
• Clean all surfaces with disinfectant
• Double bag waste

National Infection Prevention And Control Manual (NICPM)
Unit C: Protecting your workplace skills bundle

Practical Skill: How to decontaminate your workplace

Primary Care facilities for COVID-19

The guidance below provides advice about environmental cleaning of a room after a suspected case.

Six Stages of the room cleaning process are detailed in the guidance

1. On entering the room
2. The cleaning process
3. Cleaning and disinfection of reusable equipment
4. Care of carpeted flooring and soft furnishings
5. On leaving the room
6. Cleaning of communal areas

COVID-19: Guidance for Primary Care
Unit C: Protecting your workplace skills bundle

Practical skill: How to decontaminate your workplace

Transmission based Precautions and Secondary care Guidance on COVID-19

Refer to Section on Management of equipment and the care environment using the link to “National Infection Prevention and Control Manual”:

National Infection Prevention and Control Manual (NICPM)

HPS: Infection Prevention and Control Guidance COVID-19
Unit C: Protecting your workplace skills bundle

Practical Skill: How to manage clinical waste
There is detailed guidance provided on the management of clinical waste in:

National Infection Prevention and Control Manual (NICPM)

We have highlighted the following:

• Respiratory hygiene measures
• Staff uniforms/clothes
• Safe management of linen
• Management of blood and body fluid spills
Practical Skill: How to manage clinical waste

Respiratory hygiene measures: ‘Catch it, Bin it, Kill it’

Disposable, single-use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose. Used tissues should be disposed of promptly in the nearest waste bin

- Tissues, waste bins (lined and foot operated) and hand hygiene facilities should be available
- Some patients (e.g. the elderly and children) may need assistance with containment of respiratory secretions (e.g. a plastic bag) readily at hand for immediate disposal of tissues

National Infection Prevention and Control Manual (NICPM)
Unit C: Protecting your workplace skills bundle

Practical skill: How to manage clinical waste

Staff uniforms/clothes should be laundered:

• Take uniform home in sealed disposable plastic bag
• Wash separately from other household linen
• at the maximum temperature the fabric can tolerate, then ironed or tumbled-dried

National Infection Prevention and Control Manual (NICPM)
Practical Skill: How to manage clinical waste

Safe management of linen in secondary care (Laundry)

- No special procedures are required; linen is to be categorised as ‘used’ or ‘infectious’
- Handle, transport and process to prevent exposure to the skin and mucous membranes of staff, contamination of their clothing and the environment
- Disposable gloves and an apron should be worn when handling infectious linen
- Handle linen inside patient room/area

National Infection Prevention and Control Manual (NICPM)
Unit C: Protecting your workplace skills bundle

Practical skill: How to manage clinical waste

Management of blood and body fluid spills

- Spillages of blood and other body fluids may transmit blood borne viruses
- Spillages must be decontaminated immediately by staff that have been trained to undertake this safely
- Responsibilities for the decontamination of blood and body fluid spillages should be clear within each area/care setting you are working in
- Management of blood and body fluid spillages:
  - Review the local policies
  - see Appendix 9 of the National Infection Prevention and Control Manual
Practical skill: How to manage clinical waste

Disposal of all waste related to possible or confirmed patients with COVID-19 should be classified as infectious clinical waste category B.

Guidance Management and disposal of healthcare waste (HTM 07-01)
Practical Skill: Moving and handling

In terms of workplace protection some of the techniques in the following link may be useful to you, such as keeping your back safe.

Moving and Handling
Unit C: Protecting your workplace skills bundle

Communication Skill: How to safely handover care of COVID-19 patient

In any pandemic, patients are at their most vulnerable when they are transferred from one care setting to another. It is important to have a system for effective handover in your workplace and also to ensure transfer of relevant patient documentation. This may vary from board to board. A very common and effective communication tool used for patient handover is iSBAR.

Provides narrative review of impact of use of SBAR
Communication Skill: How to report COVID-19 as a notifiable disease

On 26th February 2020 Scotland made COVID-19 a notifiable disease.

Notification of Infectious Disease or Health Risk State Form
Communication Skill: Providing guidance for patients and relatives

The NHS Inform site contains general advice on COVID-19 including a useful symptom guide. There is also information on social distancing:

Social Distancing

and shielding:

Shielding
Communication Skill: Providing Guidance for patients and relatives

The NHS Inform site contains general advice on COVID-19 including a useful symptom guide. There is also information on how to deal with a coronavirus infection in your home:

In addition during this next phase of the COVID-19 pandemic there will be a focus on testing and contact tracing:
Evaluation

Thank you for taking your time to work through this skills bundle.

CSMEN would greatly appreciate a further 5 minutes of your time to complete our online evaluation. Your comments will help us to continue in developing and improving this bundle in future versions.
Unit C: Acknowledgements

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